

# **COMMERCIAL EMPLOYER PULL NOTICE ENROLLMENT OF OUT OF STATE LICENSED DRIVERS**

**(THIS FORM IS FOR ENROLLING DRIVERS ONLY)**

Department of Motor Vehicles  
 Office of Information Services  
 Employer Pull Notice—H265  
 P.O. Box 944231  
 Sacramento, CA 94244-2310

**Please type or print in ink**

EMPLOYER			REQUESTER CODE	DATE
CURRENT ADDRESS			TELEPHONE	
CITY			( )	Ext.
STATE			CONTACT PERSON'S NAME AND TITLE (FIRST, MI, LAST)	
ZIP CODE				

**PRINT AS SHOWN ON OUT-OF-STATE LICENSE ("REMARKS" FOR YOUR USE (LIMIT TO 21 SPACES))**

<b>1) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		
<b>2) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		
<b>3) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		
<b>4) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		
<b>5) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		
<b>6) COMPLETE LAST NAME, FIRST, MIDDLE (DO NOT USE INITIALS)</b>				BIRTH DATE
(HOME STATE ADDRESS)	CITY	STATE	ZIP CODE	
DRIVER LICENSE NO.		REMARKS (21 SPACES ONLY)		

\_\_\_\_\_ **TOTAL DRIVERS ADDED**

**A \$5 ENROLLMENT FEE FOR EACH DRIVER WILL BE BILLED TO YOUR EPN REQUESTER ACCOUNT**